



**Application for Certification as a Paper or Wood Products
Manufacturing Facility to Qualify for the Sales Tax Exclusion
for Electric Power or Energy, or Natural Gas**
Revised Statute 47:301(3)(j) and (13)(m)

PLEASE PRINT OR TYPE.

Part 1

Legal Name		Trade Name	
Location Address			
City	State	ZIP	
Mailing Address			
City	State	ZIP	
Contact Person		Telephone Number	

Part 2

Louisiana Department of Revenue Account Numbers
(List the account numbers for which this business is registered)

Businesses not registered for sales tax must file a CR-1, Application for Louisiana Sales Tax Account Number (R-16019), with this application.

Sales: _____

Withholding: _____

Corporate Income/Franchise: _____

Part 3**Louisiana Department of Labor Information**

Is this business required to register with the Louisiana Department of Labor?

☐ **Yes** ☐ **No** *(If you answered no to this question, go directly to Part 4.)*

Louisiana Department of Labor Employer Account File Number: _____
(Contact the Louisiana Department of Labor at (225) 342-3160 for assistance.)

North American Industry Classification System (NAICS) Code issued by the Department of Labor: _____
(Use the NAICS code issued to this location from the Multiple Worksite Report if this is a separate location.)

(If you answered yes to the question above, go directly to Part 5.)

Part 4

Businesses that are not required to register with the Louisiana Department of Labor must provide the Business Activity Code Number listed on the most recently filed federal income tax return and include a copy of the federal form that shows this number.

Business Activity Code: _____ **Form submitted:** _____

New businesses that have not filed a federal income tax return prior to filing this application must submit a signed affidavit stating the company's primary business activity according to the North American Industry Classification System.

Part 5

Description of Business: *(Attach additional sheet(s) if necessary.)*

Finished goods produced:

Signature of Owner/Officer_____
Title_____
Date**For Official Use**

☐ **Approved**
☐ **Disapproved**

Signature of Department Representative_____
Date